

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MG		6/23/95
O.I.P.E. CLASSIFIER		12	6/28
FORMALITY REVIEW	1/8	11480	7-9-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/16
2	11/11
3	8/28
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

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